

SUICIDE PREVENTION 2.0

FROM THE CLINIC TO THE COMMUNITY

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WHAT'S ON THE AGENDA

- Statistics on Suicide
- #BeThere
- Strategies to prevent Veteran suicide
- Lethal Means Reduction
- Moving to the Full Public Health Model



The U.S. Department of Veterans Affairs (VA)'s public health strategy combines partnerships with communities to implement tailored, local prevention plans while also focusing on evidence based clinical strategies for intervention. Our approach focuses on both what we can do now, in the short term, and over the long term, to implement VA's **National Strategy for Preventing Veteran Suicide**.

DATA: SUICIDE IN THE U.S.

National public health problem (as defined by CDC)

- Over 45,000 Americans died by suicide in 2017, including 6,139 Veterans.

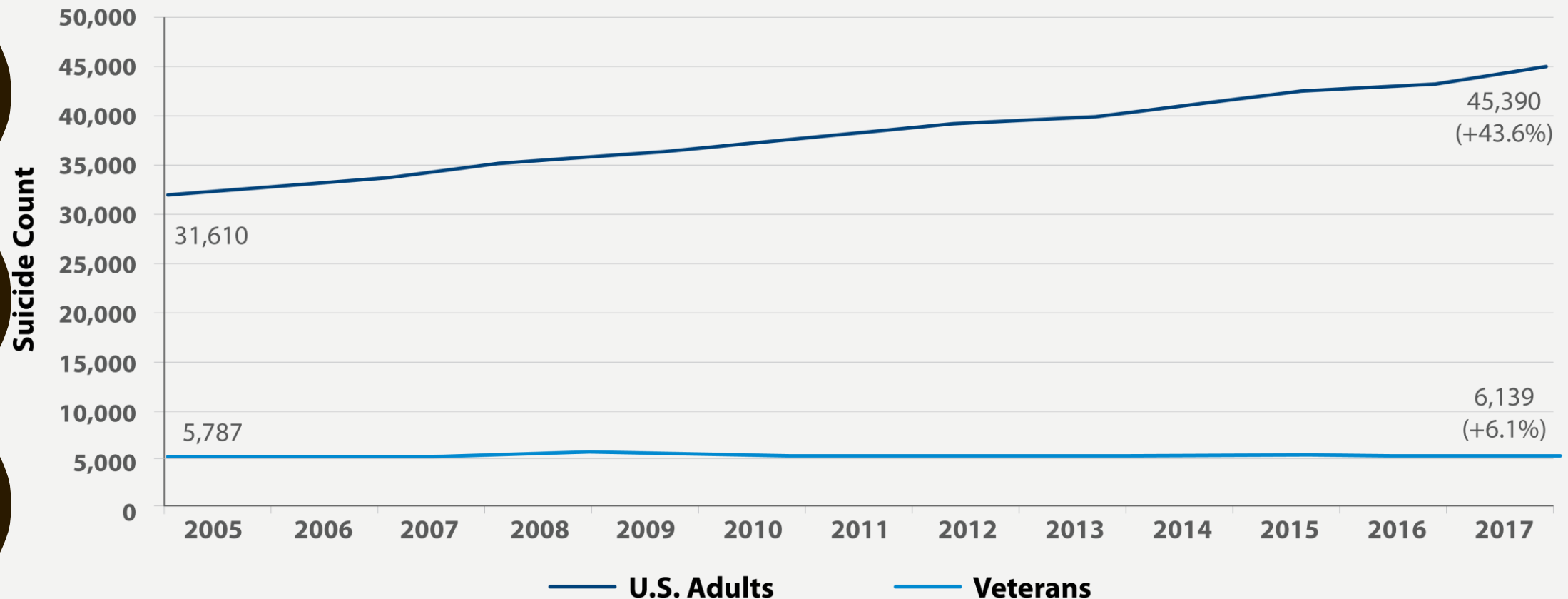
Service member and Veteran issue

- In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults.

Veteran populations at risk

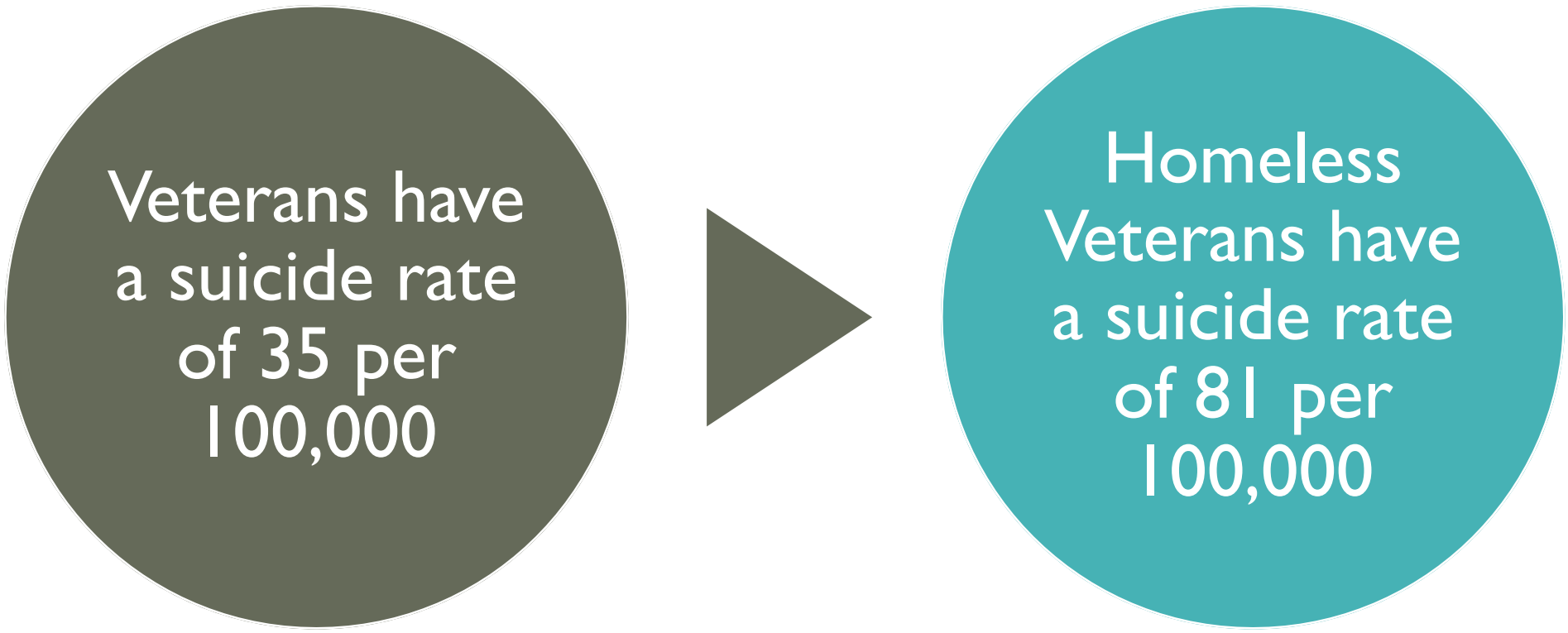
- Younger Veterans
- Women Veterans
- Veterans in a period of transition
- Veterans with exposure to suicide
- Veterans with access to lethal means

SUICIDE COUNT, U.S. ADULT AND VETERAN POPULATIONS (2005–2017)



From 2005 to 2017, there was a 43.6% increase in the number of suicide deaths in the general population and a 6.1% increase in the number of suicide deaths in the Veteran population.

SUICIDE RATES AMONG HOMELESS VETERANS



The infographic consists of two circles connected by a right-pointing arrow. The left circle is dark gray and contains the text 'Veterans have a suicide rate of 35 per 100,000'. The right circle is teal and contains the text 'Homeless Veterans have a suicide rate of 81 per 100,000'. The background is white with orange wavy borders on the left and right sides.

Veterans have
a suicide rate
of 35 per
100,000

Homeless
Veterans have
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100,000


RESEARCH IMPLICATIONS FROM VETERAN HOMELESSNESS


Findings indicated that suicidality peaks just before homeless rather than after being homeless

The acceleration of suicidal behavior occurred in the eight weeks prior to onset of being homeless


What do the findings suggest?

- Sudden loss of housing can add to suicide risk
- Disruptive experience
- May increase shame, fear, and hopelessness
- Any homeless experience within a year period causes a 9% rise in suicidality

The rate of suicide was
 **2.2** *times higher*
among female Veterans
compared with non-Veteran adult women.
* after accounting for differences in age

The rate of suicide was
 **1.3** *times higher*
among male Veterans
compared with non-Veteran adult men.
* after accounting for differences in age

Male Veterans ages
 **18–34**
*experienced the **highest rates** of suicide.*

Male Veterans ages
 **55 and older**
*experienced the **highest count** of suicide.*

69% *of all Veteran suicide deaths resulted from a firearm injury.*

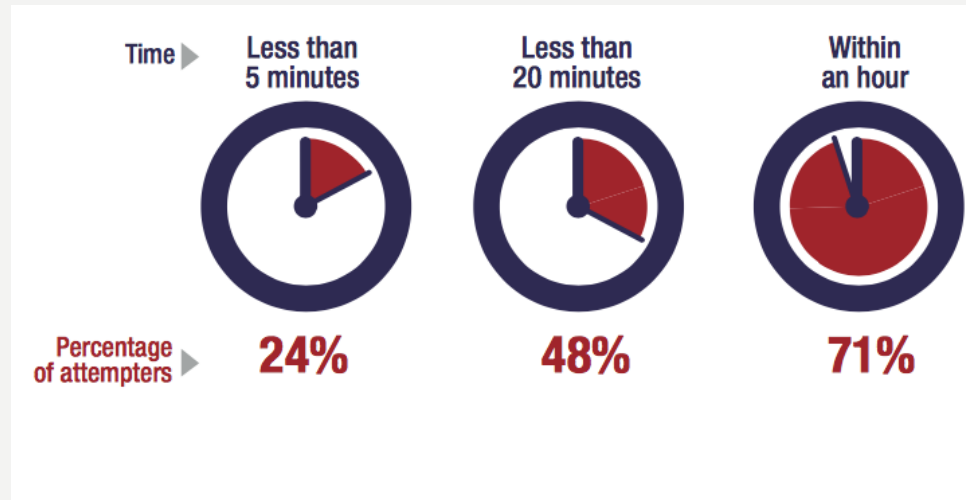
UNDERSTANDING KEY FIGURES

METHOD OF SUICIDE AMONG VETERAN AND NON-VETERAN ADULTS WHO DIED BY SUICIDE (2017)

Method	Percentage of Non-Veteran Adult Suicide Deaths	Percentage of Veteran Suicide Deaths	Percentage of Male Non-Veteran Adult Suicide Deaths	Percentage of Male Veteran Suicide Deaths	Percentage of Female Non-Veteran Adult Suicide Deaths	Percentage of Female Veteran Suicide Deaths
Firearm	48.1%	69.4%	53.5%	70.7%	31.3%	43.2%
Poisoning	14.9%	9.9%	9.2%	8.9%	32.3%	28.7%
Suffocation	28.7%	15.8%	29.3%	15.6%	26.6%	19.9%
Other	8.4%	5.0%	7.9%	4.8%	9.8%	8.1%

In 2017, 69.4% of Veteran suicide deaths were due to a self-inflicted firearm injury.

TIME FROM DECISION TO ACTION < 1 HOUR



Source: Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2001; 32(suppl):49-59.

Source: CDC WISQARS and US Dept. of Veterans Affairs
<https://www.mirecc.va.gov/lethalmeanssafety/facts/>

SHORT TERM STRATEGIES



Strategy 1

Lethal Means Safety: Securing Firearms, Medications, and Other Items to Save Lives

- **Goal:** Promote the dissemination of lethal means safety materials and training to empower Veterans, community members, providers, and loved ones to ask the question and save lives
- **Outcome:** Increase education and awareness across healthcare providers within the Veterans Health Administration (VHA) and in communities across the nation on lethal means safety



Strategy 2

Caring for Veterans in Specific Medical Populations

- **Goal:** Promote suicide screening and management of “medical bad news” in specific populations that may be at risk for suicide
- **Outcome:** Increase suicide risk screening, assessment, and follow-up with Veterans



Strategy 3

Re-Engaging Prior VHA Users: Directly Reaching Veterans

- **Goal:** Conduct outreach and encourage prior VHA users to reengage in VHA care
- **Outcome:** Increase contact with Veterans who previously received care from VHA in order to offer additional referrals for VHA care and learn more about their current healthcare access



Strategy 4

Suicide Prevention Program Enhancement

- **Goal:** Establish and improve VHA processes for identifying and intervening with Veterans at increased risk
- **Outcome:** Increase use of clinical resources such as patient record flags, safety planning, Recovery Engagement and Coordination for Health — Veterans Enhanced Treatment (REACH VET), and additional best practices to decrease suicide and engage Veterans at increased risk



Strategy 5

Reaching All Veterans Through Powerful Messages of Hope: Nearly 20 Million Veterans, 2 National Campaigns

- **Goal:** Reach Veterans inside and outside VA to engage them in treatment and access to needed services
- **Outcome:** Implement public health messaging campaign to increase awareness and engagement in Veteran-centric resources across the nation

ROLES WE ALL PLAY

#BeThere
for Veterans and Servicemembers

  **Veterans
Crisis Line**
1-800-273-8255 **PRESS 1**



HELPING IN THE MOMENT

S.A.V.E. will help you act with care & compassion if you encounter a Veteran who is in suicidal crisis.

The acronym “**S.A.V.E.**” helps one remember the important steps involved in suicide prevention:

- **S**igns of suicidal thinking should be recognized
- **A**sk the most important question of all
- **V**alidate the Veteran’s experience
- **E**ncourage treatment and **E**xpedite getting help

WARNING SIGNS

Learn to recognize these warning signs:

- Hopelessness, feeling like there's no way out
- Anxiety, agitation, sleeplessness or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug abuse
- Withdrawing from family and friends

RESPONDING TO SUICIDAL CONCERNS

What should I do if I think someone is suicidal?

- Don't keep the Veteran's suicidal behavior a secret
- Do not leave him or her alone
- Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room, or
- Call 911

Reassure the Veteran that help is available

Call the Veterans Crisis Line at 1-800-273-8255, Press 1 or reach them at www.veteranscrisisline.net to initiate a chat

RESPONDING TO SOCIAL MEDIA POSTINGS



- How do I respond to a concerning comment made by a Veteran, when I may be concerned about their general welfare, mental health?
- **Offer the Veterans Crisis Line at 1-800-273-8255**



MITIGATING RISK

LETHAL MEANS REDUCTION

CONNECTING VETERAN TO CARE

SAFE MESSAGING

#BETHERE

**CONNECTING THE VETERAN TO THE
COMMUNITY AND RESOURCES**

LETHAL MEANS REDUCTION

- What has worked?
- In 1998 after the United Kingdom introduced legislation restricting pack sizes of acetaminophen a significant reduction in deaths due to acetaminophen overdose were noted during the 11 years following legislation, indicating a promising suicide prevention strategy.
- Restricting access to suicide hotspots by installation of physical barriers has shown to be an effective intervention associated with decreases in yearly suicide rates.

FIREARMS AND OTHER LETHAL MEANS SAFETY

- Off-site storage
 - *Friend/relative
 - *Police departments
 - *Gun stores/ gun clubs
 - *Gunlocks
- Medication
 - *Blister packaging
 - *Medication disposal kits
 - *Limit supply to shortest necessary

SAFE REPORTING ON SUICIDE

1

Best practices: Be informative without being sensationalistic

2

Avoid: Avoid detailing the method of suicide

SAFE MESSAGING RESOURCES

Safe Reporting on Suicide: reportingonsuicide.org

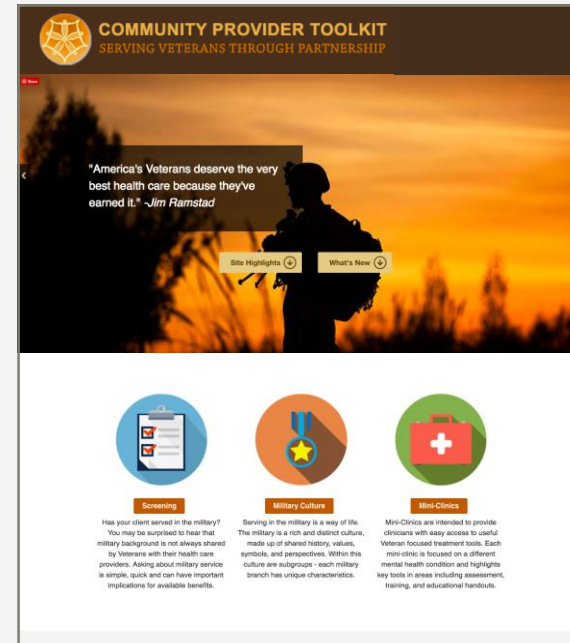
Action Alliance Framework for Successful Messaging: suicidepreventionmessaging.org

Suicide Awareness Voices of Education: save.org/for-the-media

https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-086-VA-OMHSP-Safe-Messaging-Factsheet-4-9-2019.pdf

COMMUNITY PROVIDER TOOLKIT

- Free online training on Veteran issues, including military culture, for health care providers.
- Includes tips for screening clients for military service.
- Military culture training can count for continuing education credits (CEUs):
<https://www.mentalhealth.va.gov/communityproviders/military.asp>.



Access the toolkit online:

www.mentalhealth.va.gov/communityproviders

COACHING INTO CARE

Program for families and loved ones of Veterans, helping them encourage the Veteran in their lives to seek support.



CALL 888-823-7458



PARTNERSHIPS

- Universities
- Churches/Religious Organizations
- Gyms
- Community Healthcare Groups
- Agencies/Non-profits
- Shelters
- Veteran Service Organizations



Public health is about working within communities

DISCUSSION



Questions



Feedback

RESOURCES AND REFERENCES

- <https://www.mirecc.va.gov/lethalmeanssafety/facts/>
- Operation SAVE
- https://www.va.gov/HOMELESS/nchav/docs/HERS_Proceedings_SuicideAndHomelessVeteransSymposium_Feb2018_508.pdf